12402

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Worton
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural, Worton, Md.
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) CLARK

4. DATE OF DEATH: (Month) Dec. (Day) 20, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married

8. DATE OF BIRTH: Dec. 19, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John G. Clark

14. MOTHER'S MAIDEN NAME: Rosine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Elizabeth Clark, Worton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage, Paralysis of left side

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chron Endo-Myocarditis, arteriosclerosis

92d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1950, to 12/20, 1950, that I last saw the deceased alive on 12/17, 1950, and that death occurred at 1.50 P. m., from the causes and on the date stated above.

SIGNATURE: A. A. Burgard (Degree or title): M.D. ADDRESS: Rock Hall, Md DATE SIGNED: 12/21/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Dec. 23, 1950 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county) (State): Chestertown Md.

DATE REC'D BY LOCAL REG. 12/23/50 — REGISTRAR'S SIGNATURE: E Kennard Jones

24. FUNERAL DIRECTOR: B. R. Fellows ADDRESS: Still Pond, Md.

DEC 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12403

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Kent
STREET ADDRESS (If rural, give location) 811 High St. Extention

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William (Last) Haddaway

4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Jan 31 1882 | 9. AGE last birthday 68 yrs. | If under 1 year: Months 11, Days, Hours, Min. | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent Cemetery | 10b. KIND OF BUSINESS OR INDUSTRY Sexton | 11. BIRTHPLACE (State or foreign country) Kent Co Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Haddaway | 14. MOTHER'S MAIDEN NAME Sarah Elizabeth Hennix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — | 16. SOCIAL SECURITY No. — | 17. INFORMANT AND ADDRESS Mrs Emma Haddaway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris

593 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94 b (b) arterial Sclerosis

(c) nephritis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to Dec 31, 1950, that I last saw the deceased alive on Dec 31 1950 and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell M.D. | ADDRESS Still Pond | DATE SIGNED 1/6/51.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan 2 1951 | NAME OF CEMETERY OR CREMATORY Chester | LOCATION (City, town, or county) Chestertown (State) md

DATE REC'D BY LOCAL REG. Jan. 1 - 1951 | REGISTRAR'S SIGNATURE Clara L. Barnes. | 24. FUNERAL DIRECTOR B R Tolley | ADDRESS Still Pond Md

Check code

RECEIVED
JUL 3 1951
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12404

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton | LENGTH OF STAY (In this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Maud (Last) Haviland

4. DATE OF DEATH: (Month) Dec. (Day) 1st (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Dec. 7 1865 | 9. AGE Last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Balt. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. G. Ford | 14. MOTHER'S MAIDEN NAME: Ellen Student

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: xx | 17. INFORMANT AND ADDRESS: Mrs Cornelia Cockrell Betterton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Nephritis — 2 years

442X Antecedent cause(s)

131α Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Found dead in bed room.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Dec. 1~~ Medical, to ~~Dec. 1~~ Dec. 1, 1950, that I last saw the deceased ~~alive on~~ ....., 19....., and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank W. Smith. Deputy Medical Examiner Kent Co. Dec 1 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec 4 1950 | NAME OF CEMETERY OR CREMATORY: St Francis | LOCATION (City, town, or county) (State): Abingdon Harford Co. Md

DATE REC'D BY LOCAL REG. Dec 1 1950 | REGISTRAR'S SIGNATURE: C Leonard Jones | 24. FUNERAL DIRECTOR, ADDRESS: Howard R. McComas Abingdon Md

RECEIVED
DEC 4 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12405

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee, Chestertown, RR
LENGTH OF STAY (in this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.R
STREET ADDRESS (If rural, give location) Fairlee

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Virginia (Last) Hudson

4. DATE OF DEATH (Month) Dec. (Day) 23 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. (30) 1864

9. AGE Last birthday 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward C Thomas

14. MOTHER'S MAIDEN NAME Mary Jane Gere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NO

17. INFORMANT AND ADDRESS T. B. Hudson, Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2½ yrs.
422.1 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 42, to Dec. 23, 1950, that I last saw the deceased alive on Dec. 23, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank W. Smith M.D. Chestertown R.R. Md. Dec 24 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/26/1950

NAME OF CEMETERY OR CREMATORY Chester cem.

LOCATION (City, town, or county) (State) Chestertown Md.

DATE REC'D BY LOCAL REG. 12-26-50

REGISTRAR'S SIGNATURE F. W. Smith (f.)

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12406

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD.; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) H. (Last) JARVIS

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: April 27 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kent County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Jarvis

14. MOTHER'S MAIDEN NAME: Elizabeth Scatten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Albert Jarvis, Still Pond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
331X
830
(b) Generalized arteriosclerosis — years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12, 1950, to 12/18, 1950, that I last saw the deceased alive on 12/18, 1950, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert E. Cosor, M.D. Chestertown 12/18/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE: 12/21/50
NAME OF CEMETERY OR CREMATORY: Chester Cimetery
LOCATION (City, town, or county) (State): Chestertown Md

DATE REC'D BY LOCAL REG.: Dec. 20-1950
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: B.R. Fellows
ADDRESS: Still Pond, Md.

RECEIVED
DEC 28 1960
U. S. PATENT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12407

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 1 day 10 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) Rural route #2

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Lee (Last) Kendall

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-25-50

9. AGE last birthday yrs.; If under 1 year: Months; Days 1; If under 24 hrs.: Hours 10; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elston Elwood Kendall

14. MOTHER'S MAIDEN NAME: Mary Gladys Skeggs Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Hosp. records - Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	34 hrs
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aspirating amniotic fluid?	34 hrs.
	(c)	

762.0
160 c

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Shoulder presentation at birth

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1950, to 12-26, 1950, that I last saw the deceased alive on 12-26, 1950, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. C. Dick	M.D.	Chestertown, Maryland	12-26-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/28/50	Still Pond Cemetery	Still Pond	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 28-1950	Claud S. Barnes	B.R. Fellows	Still Pond, Md.

20 6250377405

RECEIVED
DEC 30 1950
BUREAU OF S